

1886(h)(4) of the Social Security Act during the fiscal year.

“(2) UPDATED PER RESIDENT AMOUNT FOR DIRECT GRADUATE MEDICAL EDUCATION.—The updated per resident amount for direct graduate medical education for a hospital for a fiscal year is an amount determined as follows:

“(A) DETERMINATION OF HOSPITAL SINGLE PER RESIDENT AMOUNT.—The Secretary shall compute for each hospital operating an approved graduate medical education program (regardless of whether or not it is a children’s hospital) a single per resident amount equal to the average (weighted by number of full-time equivalent residents) of the primary care per resident amount and the non-primary care per resident amount computed under section 1886(h)(2) of the Social Security Act for cost reporting periods ending during fiscal year 1997.

“(B) DETERMINATION OF WAGE AND NON-WAGE-RELATED PROPORTION OF THE SINGLE PER RESIDENT AMOUNT.—The Secretary shall estimate the average proportion of the single per resident amounts computed under subparagraph (A) that is attributable to wages and wage-related costs.

“(C) STANDARDIZING PER RESIDENT AMOUNTS.—The Secretary shall establish a standardized per resident amount for each such hospital—

“(i) by dividing the single per resident amount computed under subparagraph (A) into a wage-related portion and a non-wage-related portion by applying the proportion determined under subparagraph (B);

“(ii) by dividing the wage-related portion by the factor applied under section 1886(d)(3)(E) of the Social Security Act for discharges occurring during fiscal year 1999 for the hospital’s area; and

“(iii) by adding the non-wage-related portion to the amount computed under clause (ii).

“(D) DETERMINATION OF NATIONAL AVERAGE.—The Secretary shall compute a national average per resident amount equal to the average of the standardized per resident amounts computed under subparagraph (C) for such hospitals, with the amount for each hospital weighted by the average number of full-time equivalent residents at such hospital.

“(E) APPLICATION TO INDIVIDUAL HOSPITALS.—The Secretary shall compute for each such hospital that is a children’s hospital a per resident amount—

“(i) by dividing the national average per resident amount computed under subparagraph (D) into a wage-related portion and a non-wage-related portion by applying the proportion determined under subparagraph (B);

“(ii) by multiplying the wage-related portion by the factor described in subparagraph (C)(ii) for the hospital’s area; and

“(iii) by adding the non-wage-related portion to the amount computed under clause (ii).

“(F) UPDATING RATE.—The Secretary shall update such per resident amount for each such children’s hospital by the estimated percentage increase in the consumer price index for all urban consumers during the period beginning October 1997 and ending with the midpoint of the hospital’s cost reporting period that begins during fiscal year 2000.

“(d) AMOUNT OF PAYMENT FOR INDIRECT MEDICAL EDUCATION.—

“(1) IN GENERAL.—The amount determined under this subsection for payments to a children’s hospital for indirect expenses associated with the treatment of more severely ill patients and the additional costs related to the teaching of residents for a fiscal year is equal to an amount determined appropriate by the Secretary.

“(2) FACTORS.—In determining the amount under paragraph (1), the Secretary shall—

“(A) take into account variations in case mix among children’s hospitals and the number of full-time equivalent residents in the hospitals’ approved graduate medical residency training programs; and

“(B) assure that the aggregate of the payments for indirect expenses associated with the treatment of more severely ill patients and the additional costs related to the teaching of residents under this section in a fiscal year are equal to the amount appropriated for such expenses for the fiscal year involved under subsection (f)(2).

“(e) MAKING OF PAYMENTS.—

“(1) INTERIM PAYMENTS.—The Secretary shall determine, before the beginning of each fiscal year involved for which payments may be made for a hospital under this section, the amounts of the payments for direct graduate medical education and indirect medical education for such fiscal year and shall (subject to paragraph (2)) make the payments of such amounts in 26 equal interim installments during such period.

“(2) WITHHOLDING.—The Secretary shall withhold up to 25 percent from each interim installment for direct graduate medical education paid under paragraph (1).

“(3) RECONCILIATION.—At the end of each fiscal year for which payments may be made under this section, the hospital shall submit to the Secretary such information as the Secretary determines to be necessary to determine the percent (if any) of the total amount withheld under paragraph (2) that is due under this section for the hospital for the fiscal year. Based on such determination, the Secretary shall recoup any overpayments made, or pay any balance due. The amount so determined shall be considered a final intermediary determination for purposes of applying section 1878 of the Social Security Act and shall be subject to review under that section in the same manner as the amount of payment under section 1886(d) of such Act is subject to review under such section.

“(f) AUTHORIZATION OF APPROPRIATIONS.—

“(1) DIRECT GRADUATE MEDICAL EDUCATION.—

“(A) IN GENERAL.—There are hereby authorized to be appropriated, out of any money in the Treasury not otherwise appropriated, for payments under subsection (b)(1)(A)—

“(i) for fiscal year 2000, \$90,000,000; and

“(ii) for fiscal year 2001, \$95,000,000.

“(B) CARRYOVER OF EXCESS.—The amounts appropriated under subparagraph (A) for fiscal year 2000 shall remain available for obligation through the end of fiscal year 2001.

“(2) INDIRECT MEDICAL EDUCATION.—There are hereby authorized to be appropriated, out of any money in the Treasury not otherwise appropriated, for payments under subsection (b)(1)(A)—

“(A) for fiscal year 2000, \$190,000,000; and

“(B) for fiscal year 2001, \$190,000,000.

“(g) DEFINITIONS.—In this section:

“(1) APPROVED GRADUATE MEDICAL RESIDENCY TRAINING PROGRAM.—The term ‘approved graduate medical residency training program’ has the meaning given the term ‘approved medical residency training program’ in section 1886(h)(5)(A) of the Social Security Act.

“(2) CHILDREN’S HOSPITAL.—The term ‘children’s hospital’ means a hospital described in section 1886(d)(1)(B)(iii) of the Social Security Act.

“(3) DIRECT GRADUATE MEDICAL EDUCATION COSTS.—The term ‘direct graduate medical education costs’ has the meaning given such term in section 1886(h)(5)(C) of the Social Security Act.”

## SEC. 5. STUDY REGARDING SHORTAGES OF LICENSED PHARMACISTS.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”), acting through the appropriate agencies of the Public Health Service, shall conduct a study to determine whether and to what extent there is a shortage of licensed pharmacists. In carrying out the study, the Secretary shall seek the comments of appropriate public and private entities regarding any such shortage.

(b) REPORT TO CONGRESS.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall complete the study under subsection (a) and submit to the Congress a report that describes the findings made through the study and that contains a summary of the comments received by the Secretary pursuant to such subsection.

## SEC. 6. REPORT ON TELEMEDICINE.

Not later than January 10, 2001, the Secretary of Health and Human Services shall submit to the Congress a report that—

(1) identifies any factors that inhibit the expansion and accessibility of telemedicine services, including factors relating to telemedicine networks;

(2) identifies any factors that, in addition to geographical isolation, should be used to determine which patients need or require access to telemedicine care;

(3) determines the extent to which—

(A) patients receiving telemedicine service have benefited from the services, and are satisfied with the treatment received pursuant to the services; and

(B) the medical outcomes for such patients would have differed if telemedicine services had not been available to the patients;

(4) determines the extent to which physicians involved with telemedicine services have been satisfied with the medical aspects of the services;

(5) determines the extent to which primary care physicians are enhancing their medical knowledge and experience through the interaction with specialists provided by telemedicine consultations; and

(6) identifies legal and medical issues relating to State licensing of health professionals that are presented by telemedicine services, and provides any recommendations of the Secretary for responding to such issues.

## SEC. 7. CERTAIN TECHNOLOGIES AND PRACTICES REGARDING SURVIVAL RATES FOR CARDIAC ARREST.

The Secretary of Health and Human Services shall, in consultation with the Administrator of the General Services Administration and other appropriate public and private entities, develop recommendations regarding the placement of automatic external defibrillators in Federal buildings as a means of improving the survival rates of individuals who experience cardiac arrest in such buildings, including recommendations on training, maintenance, and medical oversight, and on coordinating with the system for emergency medical services.

## THE YOUTH DRUG AND MENTAL HEALTH SERVICES ACT

### FRIST AMENDMENT NO. 2507

Mr. GRAMM (for Mr. FRIST) proposed an amendment to the bill (S. 976) to amend title V of the Public Health Service Act to focus the authority of the Substance Abuse and Mental Health Services Administration on community-based services children and adolescents, to enhance flexibility and accountability, to establish programs

for youth treatment, and to respond to crises, especially those related to children and violence; as follows:

On page 88, strike lines 20 through 24 and insert the following:

“(d) REPORT.—Not later than 3 years after the date of enactment of this section and annually thereafter, the Secretary shall prepare and submit, to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Commerce of the House of Representatives, a report that describes the services provided pursuant to this section.

On page 90, between lines 8 and 9, insert the following:

**SEC. 108. GRANTS FOR STRENGTHENING FAMILIES THROUGH COMMUNITY PARTNERSHIPS.**

Subpart 2 of part B of Title V of the Public Health Service Act (42 U.S.C. 290bb-21 et seq) is amended by adding at the end the following:

**“SEC. 519A. GRANTS FOR STRENGTHENING FAMILIES.**

“(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Director of the Prevention Center, may make grants to public and nonprofit private entities to develop and implement model substance abuse prevention programs to provide early intervention and substance abuse prevention services for individuals of high-risk families and the communities in which such individuals reside.

“(b) PRIORITY.—In awarding grants under subsection (a), the Secretary shall give priority to applicants that—

“(1) have proven experience in preventing substance abuse by individuals of high-risk families and reducing substance abuse in communities of such individuals;

“(2) have demonstrated the capacity to implement community-based partnership initiatives that are sensitive to the diverse backgrounds of individuals of high-risk families and the communities of such individuals;

“(3) have experience in providing technical assistance to support substance abuse prevention programs that are community-based;

“(4) have demonstrated the capacity to implement research-based substance abuse prevention strategies; and

“(5) have implemented programs that involve families, residents, community agencies, and institutions in the implementation and design of such programs.

“(c) DURATION OF GRANTS.—The Secretary shall award grants under subsection (a) for a period not to exceed 5 years.

“(d) USE OF FUNDS.—An applicant that is awarded a grant under subsection (a) shall—

“(1) in the first fiscal year that such funds are received under the grant, use such funds to develop a model substance abuse prevention program; and

“(2) in the fiscal year following the first fiscal year that such funds are received, use such funds to implement the program developed under paragraph (1) to provide early intervention and substance abuse prevention services to—

“(A) strengthen the environment of children of high risk families by targeting interventions at the families of such children and the communities in which such children reside;

“(B) strengthen protective factors, such as—

“(i) positive adult role models;

“(ii) messages that oppose substance abuse;

“(iii) community actions designed to reduce accessibility to and use of illegal substances; and

“(iv) willingness of individuals of families in which substance abuse occurs to seek treatment for substance abuse;

“(C) reduce family and community risks, such as family violence, alcohol or drug abuse, crime, and other behaviors that may effect healthy child development and increase the likelihood of substance abuse; and

“(D) build collaborative and formal partnerships between community agencies, institutions, and businesses to ensure that comprehensive high quality services are provided, such as early childhood education, health care, family support programs, parent education programs, and home visits for infants.

“(e) APPLICATION.—To be eligible to receive a grant under subsection (a), an applicant shall prepare and submit to the Secretary an application that—

“(1) describes a model substance abuse prevention program that such applicant will establish;

“(2) describes the manner in which the services described in subsection (d)(2) will be provided; and

“(3) describe in as much detail as possible the results that the entity expects to achieve in implementing such a program.

“(f) MATCHING FUNDING.—The Secretary may not make a grant to a entity under subsection (a) unless that entity agrees that, with respect to the costs to be incurred by the entity in carrying out the program for which the grant was awarded, the entity will make available non-Federal contributions in an amount that is not less than 40 percent of the amount provided under the grant.

“(g) REPORT TO SECRETARY.—An applicant that is awarded a grant under subsection (a) shall prepare and submit to the Secretary a report in such form and containing such information as the Secretary may require, including an assessment of the efficacy of the model substance abuse prevention program implemented by the applicant and the short, intermediate, and long term results of such program.

“(h) EVALUATIONS.—The Secretary shall conduct evaluations, based in part on the reports submitted under subsection (g), to determine the effectiveness of the programs funded under subsection (a) in reducing substance use in high-risk families and in making communities in which such families reside in stronger. The Secretary shall submit such evaluations to the appropriate committees of Congress.

“(i) HIGH-RISK FAMILIES.—In this section, the term ‘high-risk family’ means a family in which the individuals of such family are at a significant risk of using or abusing alcohol or any illegal substance.

“(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$3,000,000 for fiscal year 2000, and such sums as may be necessary for each of the fiscal years 2001 and 2002.”

On page 90, line 9, strike “SEC. 108” and insert “SEC. 109”.

On page 90, strike line 14 and insert “as paragraphs (4) through (14), respectively.”

On page 90, strike lines 17 through 19 and insert the following:

“(2) ensure that emphasis is placed on children and adolescents in the development of treatment programs;

“(3) collaborate with the Attorney General to develop programs to provide substance abuse treatment services to individuals who have had contact with the Justice system, especially adolescents;” and

(3) in paragraph 14 (as so redesignated), by striking “paragraph (11)” and inserting “paragraph (13)”.

On page 90, strike lines 20 through 24 and insert the following:

(b) OFFICE FOR SUBSTANCE ABUSE PREVENTION.—Section 515(b) of the Public Health Service Act (42 U.S.C. 290bb-21(b)) is amended—

(1) by redesignating paragraphs (9) and (10) as (10) and (11);

(2) by inserting after paragraph (8), the following:

“(9) collaborate with the Attorney General of the Department of Justice to develop programs to prevent drug abuse among high risk youth;” and

(3) in paragraph (10) (as so redesignated), by striking “public concerning” and inserting “public, especially adolescent audiences, concerning”.

On page 108, line 1, strike “physical or chemical”.

On page 108, line 3, strike “Physical or chemical restraints” and insert “Restraints”.

Beginning on page 108, strike line 17 and all that follows through page 109, line 18, and insert the following:

“(c) DEFINITIONS.—In this section:

“(1) RESTRAINTS.—The term ‘restraints’ means—

“(A) any physical restraint that is a mechanical or personal restriction that immobilizes or reduces the ability of an individual to move his or her arms, legs, or head freely, not including devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or any other methods that involves the physical holding of a resident for the purpose of conducting routine physical examinations or tests or to protect the resident from falling out of bed or to permit the resident to participate in activities without the risk of physical harm to the resident; and

“(B) a drug or medication that is used as a restraint to control behavior or restrict the resident's freedom of movement that is not a standard treatment for the resident's medical or psychiatric condition.

“(2) SECLUSION.—The term ‘seclusion’ means any separation of the resident from the general population of the facility that prevents the resident from returning to such population if he or she desires.

On page 109, line 24, insert “or in seclusion” after “restrained”.

Beginning on page 109, line 25, strike “of the deceased” and all that follows through “placed in seclusion, or” on page 110, line 1, and insert “after the patient has been removed from restraints and seclusion, or”.

On page 111, line 8, strike “582(a)” and insert “592(a)”.

On page 111, between lines 18 and 19, insert the following:

(a) RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.—Section 508(r) of the Public Health Service Act (42 U.S.C. 290bb-1(r)) is amended to read as follows:

“(r) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary to fiscal years 2000 through 2002.”

On page 111, strike line 19 and insert the following:

“(b) PRIORITY SUBSTANCE ABUSE TREATMENT.—Section 509 of the Public Health”.

On page 112, line 1, strike “508” and insert “509”.

On page 115, strike lines 11 through 17 and insert the following:

(c) CONFORMING AMENDMENTS.—The following sections of the Public Health Service Act are repealed:

(1) Section 510 (42 U.S.C. 290bb-3).

(2) Section 511 (42 U.S.C. 290bb-4).

(3) Section 512 (42 U.S.C. 290bb-5).

(4) Section 571 (42 U.S.C. 290gg).

On page 117, line 8, strike “services” and insert “information and activities”.

Beginning on page 119, strike line 15 and all that follows through page 120, line 20.

On page 120, line 21, strike “(b)” and insert “(a)”.

On page 121, line 3, strike "(c)" and insert "(b)".

On page 121, line 12, strike "(d)" and insert "(c)".

On page 122, line 1, strike "(e)" and insert "(d)".

On page 122, lines 5 and 6, strike "prior to the fiscal year".

On page 122, line 7, strike "(f)" and insert "(e)".

On page 122, line 12, strike "(g)" and insert "(f)".

On page 124, line 1, strike "(h)" and insert "(g)".

On page 129, line 1, strike "(1) TENETS AND TEACHINGS.—A religious or—" and insert "(1) SUBSTANCE ABUSE.—A religious or—".

On page 129, lines 5 through 7, strike "adhere to the religious tenets and teachings of such organization, and such organization may require that those employees".

On page 131, line 17, strike "or agency" and insert ", agency or official".

On page 145, strike line 17, and insert the following: "basis."

"(d) PARTICIPANTS.—The Secretary shall include among those interested groups that participate in the development of the plan consumers of mental health or substance abuse services, providers, representatives of political divisions of States, and representatives of racial and ethnic groups including Native Americans."

## THE FEDERAL ERRONEOUS RETIREMENT COVERAGE CORRECTIONS ACT

### COCHRAN (AND AKAKA) AMENDMENT NO. 2508

Mr. GRAMM (for Mr. COCHRAN (for himself, and Mr. AKAKA)) proposed an amendment to the bill (S. 1232) to provide for the correction of retirement coverage errors under chapters 83 and 84 of title 5, United States Code; as follows:

Strike all after the enacting clause and insert the following:

#### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Federal Erroneous Retirement Coverage Corrections Act".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions.
- Sec. 3. Applicability.
- Sec. 4. Irrevocability of elections.

#### TITLE I—DESCRIPTION OF RETIREMENT COVERAGE ERRORS TO WHICH THIS ACT APPLIES AND MEASURES FOR THEIR RECTIFICATION

Subtitle A—Employees and Annuitants Who Should Have Been FERS Covered, but Who Were Erroneously CSRS Covered or CSRS-Offset Covered Instead, and Survivors of Such Employees and Annuitants

Sec. 101. Employees.

Sec. 102. Annuitants and survivors.

Subtitle B—Employee Who Should Have Been FERS Covered, CSRS-Offset Covered, or CSRS Covered, but Who Was Erroneously Social Security-Only Covered Instead

Sec. 111. Applicability.

Sec. 112. Correction mandatory.

Subtitle C—Employee Who Should or Could Have Been Social Security-Only Covered but Who Was Erroneously CSRS-Offset Covered or CSRS Covered Instead

Sec. 121. Employee who should be Social Security-Only covered, but who is erroneously CSRS or CSRS-Offset covered instead.

Subtitle D—Employee Who Was Erroneously FERS Covered

Sec. 131. Employee who should be Social Security-Only covered, CSRS covered, or CSRS-Offset covered and is not FERS-eligible, but who is erroneously FERS covered instead.

Sec. 132. FERS-Eligible Employee Who Should Have Been CSRS Covered, CSRS-Offset Covered, or Social Security-Only Covered, but Who Was Erroneously FERS Covered Instead Without an Election.

Sec. 133. Retroactive effect.

Subtitle E—Employee Who Should Have Been CSRS-Offset Covered, but Who Was Erroneously CSRS Covered Instead

Sec. 141. Applicability.

Sec. 142. Correction mandatory.

Subtitle F—Employee Who Should Have Been CSRS Covered, but Who Was Erroneously CSRS-Offset Covered Instead

Sec. 151. Applicability.

Sec. 152. Correction mandatory.

#### TITLE II—GENERAL PROVISIONS

Sec. 201. Identification and notification requirements.

Sec. 202. Information to be furnished to and by authorities administering this Act.

Sec. 203. Service credit deposits.

Sec. 204. Provisions related to Social Security coverage of misclassified employees.

Sec. 205. Thrift Savings Plan treatment for certain individuals.

Sec. 206. Certain agency amounts to be paid into or remain in the CSRDF.

Sec. 207. CSRS coverage determinations to be approved by OPM.

Sec. 208. Discretionary actions by Director.

Sec. 209. Regulations.

#### TITLE III—OTHER PROVISIONS

Sec. 301. Provisions to authorize continued conformity of other Federal retirement systems.

Sec. 302. Authorization of payments.

Sec. 303. Individual right of action preserved for amounts not otherwise provided for under this Act.

#### TITLE IV—TAX PROVISIONS

Sec. 401. Tax provisions.

#### TITLE V—MISCELLANEOUS RETIREMENT PROVISIONS

Sec. 501. Federal Reserve Board portability of service credit.

Sec. 502. Certain transfers to be treated as a separation from service for purposes of the Thrift Savings Plan.

#### TITLE VI—EFFECTIVE DATE

Sec. 601. Effective date.

#### SEC. 2. DEFINITIONS.

For purposes of this Act:

(1) ANNUITANT.—The term "annuitant" has the meaning given such term under section 8331(9) or 8401(2) of title 5, United States Code.

(2) CSRS.—The term "CSRS" means the Civil Service Retirement System.+

(3) CSRDF.—The term "CSRDF" means the Civil Service Retirement and Disability Fund.

(4) CSRS COVERED.—The term "CSRS covered", with respect to any service, means service that is subject to the provisions of subchapter III of chapter 83 of title 5, United States Code, other than service subject to section 8334(k) of such title.

(5) CSRS-OFFSET COVERED.—The term "CSRS-Offset covered", with respect to any service, means service that is subject to the

provisions of subchapter III of chapter 83 of title 5, United States Code, and to section 8334(k) of such title.

(6) EMPLOYEE.—The term "employee" has the meaning given such term under section 8331(1) or 8401(11) of title 5, United States Code.

(7) EXECUTIVE DIRECTOR.—The term "Executive Director of the Federal Retirement Thrift Investment Board" or "Executive Director" means the Executive Director appointed under section 8474 of title 5, United States Code.

(8) FERS.—The term "FERS" means the Federal Employees' Retirement System.

(9) FERS COVERED.—The term "FERS covered", with respect to any service, means service that is subject to chapter 84 of title 5, United States Code.

(10) FORMER EMPLOYEE.—The term "former employee" means an individual who was an employee, but who is not an annuitant.

(11) OASDI TAXES.—The term "OASDI taxes" means the OASDI employee tax and the OASDI employer tax.

(12) OASDI EMPLOYEE TAX.—The term "OASDI employee tax" means the tax imposed under section 3101(a) of the Internal Revenue Code of 1986 (relating to Old-Age, Survivors and Disability Insurance).

(13) OASDI EMPLOYER TAX.—The term "OASDI employer tax" means the tax imposed under section 3111(a) of the Internal Revenue Code of 1986 (relating to Old-Age, Survivors and Disability Insurance).

(14) OASDI TRUST FUNDS.—The term "OASDI trust funds" means the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund.

(15) OFFICE.—The term "Office" means the Office of Personnel Management.

(16) RETIREMENT COVERAGE DETERMINATION.—The term "retirement coverage determination" means a determination by an employee or agent of the Government as to whether a particular type of Government service is CSRS covered, CSRS-Offset covered, FERS covered, or Social Security-Only covered.

(17) RETIREMENT COVERAGE ERROR.—The term "retirement coverage error" means an erroneous retirement coverage determination that was in effect for a minimum period of 3 years of service after December 31, 1986.

(18) SOCIAL SECURITY-ONLY COVERED.—The term "Social Security-Only covered", with respect to any service, means Government service that—

(A) constitutes employment under section 210 of the Social Security Act (42 U.S.C. 410); and

(B)(i) is subject to OASDI taxes; but

(ii) is not subject to CSRS or FERS.

(19) SURVIVOR.—The term "survivor" has the meaning given such term under section 8331(10) or 8401(28) of title 5, United States Code.

(20) THRIFT SAVINGS FUND.—The term "Thrift Savings Fund" means the Thrift Savings Fund established under section 8437 of title 5, United States Code.

#### SEC. 3. APPLICABILITY.

(a) IN GENERAL.—This Act shall apply with respect to retirement coverage errors that occur before, on, or after the date of enactment of this Act.

(b) LIMITATION.—Except as otherwise provided in this Act, this Act shall not apply to any erroneous retirement coverage determination that was in effect for a period of less than 3 years of service after December 31, 1986.

#### SEC. 4. IRREVOCABILITY OF ELECTIONS.

Any election made (or deemed to have been made) by an employee or any other individual under this Act shall be irrevocable.